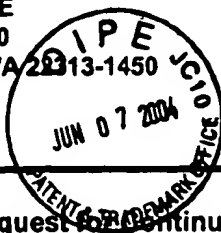


93 REQUEST FOR CONTINUED EXAMINATION (RCE) TRANSMITTAL

RCE 12/30

Address to: Commissioner for Patents Mail Stop RCE P.O. Box 1450 Alexandria, VA 22313-1450	Application Number	09/475,141
	Filing Date	12/30/1999
	First Named Inventor	Fen-Chung Kung
	Group Art Unit	2667
	Examiner Name	YAO, Kwang Bin
	Attorney Docket No.	1999-0353



This is a Request for Continued Examination under 37 C. F. R. § 1.114 of the above-identified application.

1) Submission required under 37 C. F. R. § 1.114
a) <input type="checkbox"/> Previously submitted:
i) <input type="checkbox"/> Consider the amendment(s) / reply under 37 C. F. R. § 1.116 previously filed on 12/09/02. (Any unentered amendment(s) referred to above will be entered).
ii) <input type="checkbox"/> Consider the arguments in the Appeal Brief or Reply Brief previously filed on
iii) <input type="checkbox"/> Other
b) <input checked="" type="checkbox"/> Enclosed:
i) <input checked="" type="checkbox"/> Information Disclosure Statement
ii) Affidavit(s) / Declaration (s)
iii) Sheet of Additional Drawing
iv) <input type="checkbox"/> Petition for Extension of Time to Reply
v) <input type="checkbox"/> Power of Attorney
2) Miscellaneous:
a) <input type="checkbox"/> Suspension of action on the above-identified application is requested under 37 C. F. R. § 1.103(c) for a period of months. (Period of suspension shall not exceed 3 months. Fee under 37 C. F. R. § 1.17(l) required).
b) <input type="checkbox"/> Other
3) Fees: The RCE Fee under 37 C. F. R. § 1.17(e) is required by 37 C. F. R. § 1.114 when the RCE is filed.
a) <input checked="" type="checkbox"/> The Director is hereby authorized to charge the following fees, or credit any overpayments, to Deposit Account No. 502,186
i) <input checked="" type="checkbox"/> RCE Fee required under 37 C. F. R. § 1.17(e).
ii) <input type="checkbox"/> Extension of time fee (37 C. F. R. §§ 1.136 and 1.17).
iii) <input checked="" type="checkbox"/> Any Other Required Fee.

CORRESPONDENCE ADDRESS

<input type="checkbox"/> Customer Number or Bar Code Label	Customer Number -	or <input checked="" type="checkbox"/> Correspondence address below
--	-------------------	---

NAME	Samuel H. Dworetsky		
ADDRESS	PO Box 4110		
CITY	Middletown	STATE	NJ
COUNTRY	USA	ZIP CODE	07748
		FAX	

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED

NAME	Ronald D. Slusky	REG. No.	26585
TELEPHONE	732-249-0900		
SIGNATURE			DATE
			06/03/2004

CERTIFICATE OF MAILING AND TRANSMISSION

I hereby certify that this correspondence is being transmitted to the USPTO by facsimile to telephone number 703-872-9306 on the date indicated below.

Name (Print/Type)	Ronald D. Slusky
Signature	Date
	06/03/2004

06/08/2004 EAREGAY1 00000075 502186 09475141

01 FC:2801 385.00 DA

Match and Return